Mississippi Department of Human Services/Division of Youth Services Parent Notification of Special Education IEP/Placement/Eligibility Committee Meeting

This notice is sent to parents 7-10 days prior to the meeting date. Every effort should be made to schedule the meeting cooperatively with the student's parent(s). Confirmation of the parent's attendance should be obtained.

NOTICE OF INVITATION TO COMMITTEE MEETING						
To:	Date:					
you would like us to reschedule this meeting	i to a more convenient time t his letter. You may be acco	education services and program this committee meeting. Please let us know if that will permit you to attend. A copy of the ompanied to this meeting by a third party if you before the meeting.				
TIME:	DATE:					
LOCATION:						
The purpose of this meeting is (check all	that apply):					
To discuss your child's evaluation and to To determine if your child needs addition To discuss your child's reevaluation and education. Individualized Education Program [I To develop an initial or annual IEP for you To review your child's IEP and to revise in necessary. To develop or revise your child's transition To determine if your child needs Extended School Year (ESY) services.	nal assessment for a reevalue to determine if your child content if your child content if your child. To determine your child. To determine your child. To discuss discontent if your child. To develop, respectively.	uation and to plan the reevaluation.				
Other people who have been invited to this r	neeting include:	Other:				
Agency Representative:						
General Education Teacher:		Other:				
Special Education Teacher:		Other:				
☐ Notice of Invitation to Committee Mee ☐ Procedural Safeguards Notice. ☐ [Other: ☐ Please respond to this Notice of Invitation to Meeting Reply letter included and returning value of the contact me using the number below.	Committee Meeting by com	npleting the Notice of Invitation to Committee ny additional questions or concerns, please				
Sincerely,	Phone Number	*				
Name and Title						
02/01/17 Special Education: Organ	ization of Educational Reco	ords Policy XII.6.F				

NOTICE OF INVITATION TO COMMITTEE MEETING REPLY Purpose of Meeting

] I will attend the meeting	at the scheduled ti	me.		
I want to come, but I car (Telephone number)				e contact me at gements. I am available
for the following: Date(s)		***************************************		
Date(s)			-	Time(s)
COLUMN TO THE REAL PROPERTY OF THE PROPERTY OF				
I will not be able to atten Please contact me at (Te	d the meeting in po	erson, but would lil	ce to participate	via telephone.
or at the following times/			at uie	scrieduled meeting time
Date(s)			Tin	ne(s)
CONTROL CONTRO	·		***************************************	
+:::::::::::::::::::::::::::::::::::::	**************************************			**************************************

Date

RECEIPT VERIFICATION:

TELEPHONE NUMBER:

Parent Signature

Please return this form to:

NAME & TITLE: SCHOOL: ADDRESS:

Name of Child

Method of Verification	Date Verified	By Whom?

Date Sent/Given